Department of HUMAN SERVICES

Chronic Condition Health Home (CCHH) PMPM Billing Guide effective January 1, 2022:

Effective for dates of service on or after January 1, 2022, CCHH will bill the S0280 procedure code for the monthly PMPM with the appropriate modifier to identify the member's enrollment tier along with the informational codes on subsequent lines to attest to Health Home services provided. Informational Only code 99426 replaces G2065 for Comprehensive Transitional Care effective January 1, 2022.

Claims analysis identified a total count of eligible Health Home members. Using industry standards for staffing, clinical staffing ratios were determined. The development of the PMPM considers the marketplace value of professional staff to provide the six health home services.

The CCHH shall be paid based on the member's enrollment tier. Members are enrolled in the Tier that corresponds to the number of identified chronic conditions for which the member has been diagnosed.
The rate is developed according to the actual cost of providing each component of the service for the child population. No other payments for these services shall be made.

Tier	Modifier	PMPM Rate
1 (1-3 CC)	U1	$13.48
2 (4-6 CC)	TF	$26.96
3 (7-9 CC)	U2	$53.91
4 (+10 CC)	TG	$80.87

Health Home Service	Code
Chronic Care Management	G0506
Care Coordination	G9008
Health Promotion	99439
Comprehensive Transitional Care	99426
Individual &Family Support Services	H0038
Referral to Community and Social Support Services	S0281

This reimbursement model is designed to only pay for Health Home services as described in the six service definitions (Comprehensive Care Management, Care Coordination, Comprehensive Transitional Care, Health Promotion, Individual and Family Support, and Referral to Community and Social Services) may or may not require face-to-face interaction with a health home patient. However, when these duties do involve such interactions, they are not traditionally clinic treatment interactions that meet the requirements of currently available billing codes.

The criteria required to receive a monthly PMPM payment is:

- The member meets the eligibility requirements as identified by the provider and documented in the members electronic health record (EHR).
- Member's eligibility requirements verified within the last 12 months.
- The member has full Medicaid benefits at the time the PMPM payment is made.
- The member has agreed and enrolled with the designated health home provider.
- The Health Home provider is in good standing with Iowa Medicaid and is operating in adherence with all Health Home Provider Standards.
- The minimum service required to merit a Patient Management PMPM payment is that the person has received care management monitoring for treatment gaps defined as Health Home Services in this State Plan. The Health Home must document Health Home services that were provided for the member.
- The patient medical record will document health home service activity and the documentation will include either a specific entry, at least monthly, or an ongoing plan of activity, updated in real time and current at the time of PMPM attestation.